

# Authority to release information to E Firstaid Pty Ltd



Section A: Student Details	
Name:	Date of Birth:
Student ID: (if known)	Contact Number:
Course Name and Code:	
Date qualification issued:	

Section B: Authority to Release Information	
I, _____ hereby authorize _____ to release information relating to the course mentioned in Section A.	
Signed:	Date:

Section C: Information provided by the issuing RTO/University	
Student was enrolled in course mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student completed and received qualification mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position of staff verifying information:	
Contact details of staff verifying information:	
Date:	

**When completed, attach this document to the student record**